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## MEDICAL IMAGERY

## Multiple cutaneous ulcerations: secondary syphilis in an HIV-positive patient



A healthy 32-year-old homosexual male presented with a month-long history of asymptomatic cutaneous lesions, which started as widespread papules. The case history of the patient included an undiagnosed anal injury with inguinal adenopathy three months before. He confessed that he had risky sexual relations. A physical examination revealed scabbing lesions with erythematous-edematous circles on the trunk, face and limbs, leaving ulceration when the scabs were removed (see image). The differential diagnosis was initially disseminated varicella and necrotic herpes zoster. The patient also complained of loss of vision in his left eye. An eye exam was carried out, revealing positive Tyndall with opacity in the left eye. As infectious disease was suspected, serological analyses were required and were positive for HIV (CD4 lymphocytes  $120/\mu\text{l}$ ) and syphilis (rapid plasma reagin [RPR] 1/32 and FTA-ABS test). He was diagnosed with AIDS (A3 stage), secondary syphilis and syphilitic panophthalmitis. Ceftriaxone was prescribed initially; when the resistance study result was received ten days later, he started on tenofovir, emtricitabine, ritonavir and fosamprenavir. He took ceftriaxone for three weeks without

adverse reactions. A month later, the crystalline opacity of the left eye was successfully surgically resolved. Five months later, the patient was clinically well, with a CD4 lymphocyte count of  $379/\mu\text{l}$ , although he has many cicatrices on his trunk and limbs. He follows the highly active antiretroviral therapy (HAART) regime, and the RPR and HIV viral load are negative.

*Conflict of interest:* No conflict of interest to declare.

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